

State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP(S):
ALL GROUPS

4.b. EPSDT (continued)

18. EPSDT services furnished by qualified school providers of health related services to eligible individuals under the age of 21.

Child Health Screening Examination: An initial screening may be requested by an eligible individual at any time and must be provided without regard to whether the individual's age coincides with the established periodicity schedule listed in Attachment 3.1-B, Page 2a-8g. The screening examination must contain all the components listed in Attachment 3.1-B, Page 2a-6 through Page 2a-8b, to be compensable.

Partial Screening (Child Health Encounter): Encounter may include a diagnosis and treatment encounter, a follow-up health encounter, or a health encounter in a recipient's home. A Child Health Encounter may include a child health history, physical examination, developmental assessment, nutrition assessment and counseling, social assessment and counseling, genetic evaluation and counseling, indicated laboratory and screening tests, screening for appropriate immunizations health counseling and treatment of childhood illness and conditions.

Hearing and Hearing Aid Evaluation: Hearing evaluation includes pure tone air, bone and speech audiometry provided by a state licensed audiologist who holds a certificate of clinical competence from the American Speech and Hearing Association (ASHA).

Audiometry Test: Audiometric test (Immittance [Impedance] audiometry or tympanometry) includes bilateral assessment of middle ear status and reflex studies (when appropriate) provided by a state licensed audiologist who holds a certificate of clinical competence from ASHA.

Ear Impression (for earmold): Ear impression (for earmold) includes taking impression of a client's ear and providing a finished earmold which is used with the client's hearing aid provided by a state licensed audiologist who holds a certificate of clinical competence from ASHA.

Vision Screening: Vision screening examination must be provided by a state licensed Doctor of Optometry (O.D.) or state licensed physician specializing in ophthalmology (M.D. or D.O.). At a minimum, vision services include diagnosis and treatment for defects in vision.

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State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP(S):
ALL GROUPS

4.b. EPSDT (continued)

Speech Language Evaluation: Speech language evaluation must be provided by a state licensed speech language pathologist who holds a certificate of competence from ASHA.

Physical Therapy Evaluation: Physical therapy evaluation must be provided by a state licensed physical therapist.

Occupational Therapy Evaluation: Occupational therapy evaluation must be provided by a state licensed occupational therapist.

Psychological Evaluation and Testing: Psychological evaluation and testing must be provided by state licensed, board certified psychologist or school psychologist certified by the State Department of Education (SDE).

Child Guidance Treatment Encounter: A child guidance treatment encounter may occur through the provision of individual, family, or group treatment services to children who are identified as having specific disorders or delays in development, emotional, or behavioral problems, or disorders of speech, language or hearing. These types of encounters are initiated following completion of a treatment plan, or as a result of an IEP or IFSP and may include the following:

1. Hearing and Vision Services
2. Speech Language Therapy Services
3. Physical Therapy Services
4. Occupational Therapy Services
5. Nursing Services
6. Psychological Services
7. Psychotherapy Counseling Services
8. Assistive Technology

All services must be provided by properly certified and state licensed providers.

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State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP(S)
ALL GROUPS

4.b. EPSDT (continued)

Personal Care Services: Provision of health related services allows students with disabilities to safely attend school; includes, but is not limited to, assistance with toileting, feeding, positioning, hygiene, and riding school bus to handle medical or physical emergencies. Services must be provided by registered paraprofessionals/assistants who have completed training approved or provided by SDE, or Personal Care Assistants, including Licensed Practical Nurses, who have completed on-the-job training specific to their duties.

Immunizations: An administration fee will be paid for immunizations provided by the schools.

Interperiodic Screening Examinations: Interperiodic screenings must be provided when medically necessary to determine the existence of suspected physical or mental illnesses or conditions. They may include physical, mental or dental conditions. The determination of whether an interperiodic screen is medically necessary may be made by a health, developmental or educational professional who comes into contact with the child outside of the formal health care system.

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State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP(S): All Groups

4.c. Family Planning Services and Supplies for Individuals of Child-Bearing Age.

Counseling - Insertion of I.U.D. Referral to Family Planning Clinic. Sterilization limited to persons 21 years of age and over who are legally competent, not institutionalized and have signed the "Consent Form" within the prescribed time limit.

Family Planning Center Services

Medical and remedial care services provided by Family Planning Centers, qualified by the Oklahoma State Department of Health. Services include the following:

Initial Examination - includes complete physical exam, complete general medical history, laboratory services, education and counseling, provision of chosen contraceptive method, treatment of minor gynecological problems and referral as needed.

Annual Examination - includes annual update, physical examination, medical history update, laboratory services, education and counseling, provision of chosen contraceptive method, treatment of minor gynecological problems and referral as needed.

Encounter Visit - includes a follow-up medical visit to provide education, counseling and monitoring of contraceptive method or a scheduled revisit for patients in a high risk category requiring more intensive medical management.

Vasectomy Services - includes the completed vasectomy which requires consent. Restricted to persons over 21 years of age at time consent form is signed.

Tubal Ligation Services - includes the completed tubal ligation which requires consent. Restricted to persons over 21 years of age at time consent form is signed.

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Attachment 3.1-B
Page 2a-9.1

— State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP(S): All Groups

4.c. Family Planning Center Services (cont'd)

Norplant System Kit - This is a levonorgestrel implant that is used as a long-term reversible contraceptive method that provides continuous contraception for as long as five years.

Levonorgestrel Implant of Norplant System - Minor in-office surgical procedure for implanting the Norplant system consisting of six flexible capsules.

Removal of Levonorgestrel Norplant System - Minor in-office surgical procedure for the removal of the Norplant System.

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State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP(S): All Groups

4.c. Family Planning Center Services (cont'd)

Service	Unit	Limitation
Initial Examination	Completed Examination and Services	One Initial Examination
Annual Examination	Completed Examination and Services	One Annual Examination
Encounter Visit	Completed Examination and Services	One Per Day
Vasectomy	Completed Procedure	Requires consent Restricted to persons over 21 years of age at time consent form is signed.
Tubal Ligation	Completed Procedure	Requires consent Restricted to persons over 21 years of age at time consent form is signed.
Norplant System Kit	One Kit	One every 5 years
Levonorgestrel Implant Norplant System	Completed Examination and Services	One every 5 years
Removal of Levonorgestrel Norplant system	Completed Examination and Services	One every 5 years

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State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

5. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Payment is made for compensable medical and surgical outpatient and inpatient services. For adults, count up to 12 hospital days paid on hospital claims during a State Fiscal Year for each individual recipient. These days will be maintained via the recipient file. Physician claims for hospital visits will be paid until the last compensable hospital day is captured. After 12 hospital days have been captured, no inpatient physician services will be paid beyond the last compensable hospital day. Hospital visits are limited to one visit per day per physician. Office visits, home visits or elsewhere are limited to two per month, per patient regardless of the number of physicians and two visits per month in a nursing facility. The following services are excluded from number of visits limitation:

1. Services related to an emergency medical condition
2. EPSDT services
3. Family planning services

Payment is made for medical and surgical services performed by a dentist, to the extent such services may be performed under State law either by a doctor of dental surgery or dental medicine, when those services would be covered if performed by a physician.

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State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' Services

Limited to medically necessary surgical procedures; medically necessary outpatient visits; and procedures generally considered as preventive foot care. All preventive care must be medically appropriate and related to the systemic disease. The patient must be under the active care of a doctor of medicine or osteopathy who documents the condition. The nursing home visits must be ordered by the attending physician. The nursing home record must reflect that the visit was not for screening purposes. All outpatient visits are subject to the existing visit limitations.

For children, see Item 4.b., EPSDT.

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Attachment 3.1-B
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State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP(S): All Groups

b. Optometrists' Services

See 4.b. EPSDT

Payment will be made to optometrists for medical Services within the scope of optometric practice as defined by State law for those services. Optometrists' services will be subject to the same amount, duration and scope as physicians.

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Page 3a-3

State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

d. Other Practitioners' Services

See 4.b. EPSDT Psychological Services.

Certified Registered Nurse Anesthetists - Payment is made for inpatient and outpatient anesthesia services which are in the scope of the Medicaid Program and under the appropriate scope of practice allowed under State law for Certified Registered Nurse Anesthetists.

Physician Assistants - Payment is made for services provided by Physician Assistants within the current practice guidelines for the State of Oklahoma.

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